MARGIN

S. No.

ż

RECORD statement PERMANENT EXACTLY. classified. pinous UNFADING INK-THIS properly AGE may WITH terms. PLAINLY, of Information WRITE CAUSE OF

63338 1 PLACE OF DEATH PHYSICIANS should state of OCCUPATION is very PERSONAL AND STATISTICAL PARTICULARS Saingle, Married, Wildwide, 3 SEX 4 COLOR OR RACE ORDIVORCED (Write the word) DATE OF BIRTH (Month (Day (Year) TAGE If LESS than t day, hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... that it ma <sup>9</sup> BIRTHPLACE (State or country) 10 NAME OF FATHER 00 on back PARENTS 11 BIRTHPLACE OF FATHER (State or country 12 MAIDEN NAME See instructions o OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) KNOWLEDGE important. (Address) 15 REGISTRAR

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

[It death occurred in a hospital or institution. give Its NAME instead ot street and nomber.]

AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
White Saingle, Married, widower, or plyoreed (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17 I HEREBY CERTIFY. That I attanded deceased from
(Month) (Day (Year)    If LESS than t day, hrs. OR min.?	that I last saw has alive on 27 2 , 1915, and that death occurred on the data atated above, at 7 Pm, The CAUSE OF DEATH* was as follows:
Farmer	Chronic balular Heart brouble  (Doration) yrs. mos > 6.
Maryland Delet Balon	Contributory Secondary  (Duration)  yrs  Mos.  (Signed)  A Holland  M. D.
uitry) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
untry) Maryland UE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place in the ot death yrs
ry & Baker Allarda -No D.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Willands Commets May 19 1915
REGISTRAR  If more blanks are needed address State Period	Pf Hation, Selbuilte
are meeted, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the honsehold only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor; Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons retnrn "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemile cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar meumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuboreulesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symitomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secoudary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichac-The contributory (secondary or intercurrent) telanus) may be stated under the head of Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease cansing death), 29 ds.; ete. State Never report cause for For VIO-

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BUREAU.V.S.

### V. S. No. 1.

### RECORD PERMANENT INK UNFADING WRITE

state Very ICIANS should PHYSICIANS Exact ciassified. proper supplied. pe may that 80 0 back plain Instructions 2 A FO Every Item CAUSE OF Important.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If deoth occurred la a hospital or Institution, give its NAME instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE. 16 DATE OF DEATH MARRIED. 191: WIDOWED, (Month) (Year) (Write the word) I HEREBY CERTIFY. attended deceased from (Day ath. (Year) TAGE If LESS than and that death occurred on the date stated above. 1 day,....hrs. OR ..... min. ? BOCCUPATION (o) Trade, profession, or (b) General noture of Industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. Secondary Quration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE Af place OF MOTHER (State or country) Where was discase contracted. If not af place of death? Former or usual residence BURIAL OR REMOVAL DATE OF (Address' ., 191 5 15 20 UNDERTAKER ADDAESS REGISTRAR If more bianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for cte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as "Puerperal septiehac-"Heart failure," "Haemorrhage," "Inauition," "Marasgcuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of For vio-

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RECEIVED
JUN 51915
BUREAU, V.S.

BINDING FOR RESERVED MARGIN

WRITE PLAINLY, WITH UNFADING INK-THIS IS

A PERMANENT RECORD

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

Village or City Salisbury (No. 2500) 2FULL NAME Alise Brewing	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 333  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
JENIAL ACOLOR OR RACE SSINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED WORD (I Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from
(Mooth) (Day (Year)	that I last saw h. Ex alive on May 11 1915
7 AGE   if LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,	meunono (13)
business, or establishment in which employed (or employer)  9 SIRTHPLACE (State or country)  Mc(	Contributory Secondary
10 NAME OF Spendary O Brewingson	(Signed) (Buration) yrs mos. ds (Signed) (B) (B) (Signed) (Signed) (M) D (S-18) 1915 (Address) Salisburg Sud
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Aulie  Alexandre	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  M	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place in the of death
(Informant) Societaine & Brunglin	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Salybury My	20 UNDERTAKER  DATE OF BURIAL  DATE OF BURIAL  May 14, 19151
REGISTRAR  If more blanks are needed, address State Regist	Abelloway of Salisbuy Mel

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an been ehanged or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

injury, as fracture of skull, and eonsequenees (e. g., ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichacetc., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease eausing death), 29 ds.; valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify ail diseases resulting from (Recommendations ou statement of For vio-

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BURNAULY

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should OCCUPATION PHYSICIANS RECORD jo statement PERMANENT Exact classified. pe pinons properly tu AG supplied. pe UNFADING may certificate. that It 80 to be back terms, should 0 plain instructions 2 EATH of A OF Important. Every It

STATE OF MARYLAND PLACE OF DEATH OF DEATH County Walen use If death occurred in a hospital or institution. give its NAME Instead of street and nomber. I STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDDWED. (Month) (Day Annuew (Write the word) I HEREBY CERTIFY. That I attended deceased from (Day 7 AGE if LESS than t day, hrs OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country Where was disease contracted. 14 THE ABOVE IS TRU If not at place of death? Former or usual residence 15 UNDERTAKER REGISTRAR

Balto., Requesting V. S. No. 1

If more blanks are needed, address State Registrar, 6 E. Franklin St.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the nisease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

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JUN 51915
BUREAUNS

V. S. No. 1.

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	PLACE OF DEATH 6004. Hos	STATE OF MARYLAND CERTIFICATE OF DEATH
Cot	unty Jaconna	(1)
	80.1	Registration Dist, No.
Vill	2FULL NAME William IV. B	Sundich St; Sward)  [If death occurred is a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
M	Tale 4 COLOR OR RACE 5 SINGLE, MARRIED, Married) WIDOWED, ORDIVORCEO (Write the word)	Month) (Duy (Year)
6 DA	TE OF BIRTH	May 13 1915 to men (6 1915
	(Month) (I/ay (Year)	that I last saw h alive on Ruca 6 1919
TAG		and that death occurred on the date stated above, at 8 m.
	49 yrs 4 mos 7 ds or min.?	The CAUSE OF DEATH* was as follows:
par (b) busi	Trade, profession, or tricular kind of work.  General nature of industry, ness, or establishment in the employed (or employer)	(Duration) yrs mas. ds.
9 BI	RTHPLACE (State or country) Virginia  10 NAME OF	Contributory Accident a Humbeling Secondary  (Buration) yrs mos / ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Virgund  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, OF, IN deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.  OR RECENT RESIDENTS)  At place of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, lf not at place of death?
	(Address) Arketown Va	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Flie	May 16, 1915: Sury Tuner, Sh	29 UNDERTAKER TO THE STANDARD ADDRESS
	If more blanks are needed, address State Regist	trar, 6 E. Kanklin St., Balto., Redusting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

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PLACE OF DEATH	6360
County Nicomics	
Village or City Salsobury	(No.
Village of Oily	(10

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 333

[If death occorred in

	FULL NAME LACY A. Cansey	give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Lemale Acolor or race Single, Married Wildowed, Wildowed, Write the word)	16 DATE OF DEATH ZIRLY L. 9, 1915 (Month) (Day (Year)
	Ang. 13th 1858 (Month) (Day (Year)	that I last saw ht alive on my 2 9 , 1910;
7 A	5-6 yrs 9 mos /6 ds. OR min.?	and that death occurred on the date stated above, at 10 mm.  The CAUSE OF DEATH* was as follows:
(a pa	CCUPATION 1) Trade, protession, or articular kind of work. 2) General nature of industry, siness, or establishment in lich employed (or employer)	Amperio   Esoulas  (Duratioo) yrs mos 2 ds.
	18 NAME OF FATHER	Contributory Secondary  Secondary  (Duration)  (Signed)  (Signed)  Contributory  Contr
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  1 MAID	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
4	13 BIRTHPLACE OF MOTHER (State or country) Kentucky	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place in the ot deathyrsmosds  Where was disease contracted.
	(Informant) Bertha M. Barre	It not at place of death?  Former or usual residence.
16 EH	May 31", 1915 N. P. June	ans on Some Sales bury Md. June 1. 1918
	If more blanks are needed, address State Regist	trar, 6 E. Frankin St., Balto, Requesting V. S. No. 1.
		The state of reduceding to D. 140. 1.

EQUINITION NOT

[Approved by U. S. Census and American Public Health
Association.]

Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dnties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, eated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salcsman, (b) return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septichaecanse. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which snrgical operation was undertaken. For viogenital," "Senile," etc.), "Dropsy," "Exhanstion," by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercnrrent) (Recommendations on statement of death), 29 ds.;



BINDING FOR RESERVED MARGIN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD UNFADING INK-THIS WRITE PLAINLY, WITH V. S. No. 1.

6

Village or City Salisbary Con Laboration of Colling	STATE OF MARYLAND  CERTIFICATE OF DEATH  Registration Dist. No. 33  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male While Single,  MARRIED, Jungle  MoowED  OR DIVORCED  (Write the word)	16 DATE OF DEATH May / Y , 19/5 (Mouth) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Nov 30 1905 (Year)  AGE If LESS than	that I last saw h allve on may 14 1915,
9 yrs 5 mos 16 ds. or min.?  8 occupation (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at m.  The GAUSE OF DEATH* was as follows:  Burned by coal oil explosion
(State or country)	Gontributory (Duration) yrs mos ds.  Secondary
10 NAME OF Elias & Bollius  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (AVEL M LEBRAGE)	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs. mos. ds. State yrs. mos. ds
(Interment) Elias   Callins	Where was disease contracted, Saladay Drud  Former or usual residence.  Saladay  Drud
Fles May 15 ", 1915 Mariner  REGISTRAR  If more blanks are needed, address State Regis	DATE OF BURIAL  ON PLACE OF BURIAL  ON PLACE OF BURIAL  ON PLACE OF BURIAL  My 16, 191.62  PORTESS.  ON PLACE OF BURIAL  ON PLACE OF BURIAL  My 16, 191.62  ADDRESS.  OTHER  OTH



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. statement. Never return "Laborer," CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive applies to each aud every person, irrespective of age. who have no occupation whatever, write Nonc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupathus: Farmer (retired 6 yrs.) For persons If retired from business, that fact may be indi-Women at home, who are engaged in the "Foreman," engincer,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) \*\*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakuess," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacete., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallsoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



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N. B.

	70.77.5	
PLACE OF DEATH	6060	STATE OF MARYLAND
Willowillo		CERTIFICATE OF DEATH
Will Mill		77

County Willowillo	Registration Dist. No. 333
Village or City Salishusy (No. 1) 2FULL NAME Sidney Con	Spendiffusion St.; 13 Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male a. a. (Write the word)	16 DATE OF DEATH May (Month) (Day (Year)  17 I. hereb Certify. That I attended deceased from
DATE OF BIRTH	May 4" 1915 to May 12" 1915, that I last saw have allee on Man 12 1915
7 AGE Chart  Obay  (Year)  1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at /- 30 P, m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Dearfred (Duration) Don't how ds.  Contributory  Sepondary  Nowwer + 12
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Sw. W. Juda Mos. ds.  (Signed) Sw. W. Juda M. S.  May /3 , 191 (Address) Swlisbury Mud  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place of death yrs. mos. 8 ds. State fyrs. mos. ds  Where was disease contracted, furnish Co Incl. If not at place of death?  Former or  Usual residence. furnish Co Incl.
Max 13° 10 to My mar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  APPRESS  APPRESS

REGISTRAR

If more blanks are needed, address State Registrar 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. who have no occupation whatever, write None. been changed or given up on account of the disease "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e.g. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For VIO-



# MARGIN RESERVED FOR BINDING

PHYSICIANS should state of OCCUPATION is very RECORD statement PERMANENT EXACTLY. Exact classified. pe should properly AGE NX supplied. pe O may UNFADIN certificate. carefully = that 0 pe back terms, should of Information s

DEATH in pialn

See instructions pialn PLAINL WRITE CAUSE OF Important. m

PLACE OF DEATH 6360 (No ... PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE MARRIED, WIDOWEO, WIDOWEO, ORDIVORCED (Write the word) (Year) (Day) 7 AGE If LESS than 1 day, .....hrs. min. ? OR BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) ..... State or country) 10 NAME OF FATHER 11 BIRTHPLAGE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 14THE ABOVE IS (Address) 15

If more blanks are needed, address State Regis trar,

REGISTRAR

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.33

..St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

	MEDICAL CERTIFICATE OF DEATH
16	DATE OF DEATH May (Day), 1915-
17	
	, 191, to, 191,
tha	t I last saw h allve on
	that death occurred on the date stated above, atm,
The	GAUSE OF DEATH* was as follows:
	beard deal in hed
1	
12	is auspicions concernationes
	(Ouration) yrsmosds.
	Contributory (Secondary)
(Sig	(ned) (Duration) yrs mos ds.  (ned) (Address) (Address) (M. D.
O	State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT AUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
18	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT REGIDENTS)
At	place in the
Who	death yrs mos ds. State yrs mos ds ere was disease contracted, not at place of death?
For	ror at place of death?
	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
11	etipqui May 17, 1815
20	Mossich Birly M
E. F	ranklin St., Balto, Requesting V. S. No. 1

. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Turrperal septichaeetc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing affection need not be stated unless important. ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," "Convulzions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic "Contributory." Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Old Age." "Shock." "Traemla," "Weakness," Always qualify all diseases resulting from "Sentle," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," .... (name origin; "Candeath), 29 ds.; State cause for Examples:



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PHYSICIANS should state of OCCUPATION Is very RECORD Exact statement PERMANENT EXACTLY. stated classified. 4 pe should properly AGE NX supplied. pe O may UNFADIN certificate. carefully that It o WITH pe back terms, should 6 of Information s DEATH in plain See Instructions in plain PLAINL WRITE CAUSE OF Important.

1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDDWED, ORDIVDROED (Write the word) (Day) (Month) (Year) If LESS than 7 AGE t day,.....hrs. 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which ampioyed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country (Address) 15 Filed. REGISTRAR

If more blanks are needed, address State Regis trar, 6

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

MEDICAL			
8 DATE OF DEATH	May	1	, 171.0.
	(Month)	(Day	
44	Y CERTIFY, That	attended	deceased from
March 14,1	915 , to /// a	4/9	191 5
nat I last saw h	mal	19	_
at I last saw h al	live on	······································	بر 191 ,
nd that death occurred	on the date stated	above, at.	20,
he CAUSE OF DEATH *			
0	1	. /	
Kenerak		111	
/ reneral	- will	ne	<del></del>
	**************************************		
	(Ouration)	Lent	- 3 gener
***************************************	(nonshou)	/yrs	
Contributory			
Continuatory		************	************
(Secondary)		***********	**************
(Secondary)	(Duration)	yrs	mos,d
(Secondary)	(Duration)	yrs.	
(Secondary)	Carty	yrs.	mosd
(Secondary)	Carty	yrs.	
(Secondary)  Signed)  May 20, 1916	(Address) Sua	whe	, м. Ә
(Secondary)  Signed)  State the DISEASE C.  AUSES, state (1) MEA	(Address)	whe	, м. Ә
(Secondary)	(Address)	whe	, м. Ә
Signed) State the DISEASE C. AUSES, state (1) MEAL TAL, SUICIDAL, OF HOME	(Address)	in deaths d (2) whe	from Violent
(Secondary)  Signed)  State the DISEASE C. AUSES, state (1) MEANTAL, SUICIDAL, OF HOMION OF RESIDEN OF RECENT RESIDENTS)	(Address)	in deaths d (2) whe	from Violent
Signed)	(Address)	in deaths d (2) whe	from VIOLENT ther ACCIDEN
(Secondary)  Signed)  State the DISEASE C. AUSES, state (1) MEANTAL, SUICIDAL, OF HOMION OF RESIDEN OF RECENT RESIDENTS)	(Address)	in deaths d (2) whe	from Violent
Signed)	(Address)	in deaths d (2) whe	from VIOLENT ther ACCIDEN
Signed) State the DISEASE C. AUSES, state (1) MEANTAL, SUICIDAL, OF HOMI BLENGTH OF RESIDENTS on RECENT RESIDENTS at death yrs. mos. Where was disease contracted, if not at place of death?	(Address)	in deaths d (2) whe	from VIOLENT ther ACCIDEN
Signed) State the DISEASE C. AUSES, state (1) MEANTAL, SUICIDAL, OF HOMING THE SIDEN OF RECENT RESIDENTS It place of death	(Address)	in deaths d (2) whe	from VIOLENT ther ACCIDEN
Signed) State the DISEASE C. AUSES, state (1) MEANTAL, SUICIDAL, OF HOMI BLENGTH OF RESIDENTS on RECENT RESIDENTS at death yrs. mos. Where was disease contracted, if not at place of death?	(Address)	in deaths d (2) whe	from VIOLENT ther ACCIDEN
Signed)  State the DISEASE C. AUSES, state (1) MEA. TAL, SUICIDAL, OF HOMI  BLENGTH OF RESIDENTS) at place of death yrs. mos. Where was disease contracted, if not at place of death?  Former or usual residence.	(Address)	in deaths d (2) whe	from Violent ther Acciden- ns. Transient mos
Signed)  State the DISEASE C. AUSES, state (1) MEAN TAL, SUICIDAL, OF HOMI BLENGTH OF RESIDEN ON RECENT RESIDENTS) At place of death yrs. mos. Where was disease contracted, if not at place of death?  Former or Usual residence.	(Address)	in deaths d (2) whe	from Violent ther Acciden- ns. Transient mos
Signed)  State the DISEASE C. AUSES, state (1) MEA. TAL, SUICIDAL, OF HOMI  BLENGTH OF RESIDENTS) at place of death yrs. mos. Where was disease contracted, if not at place of death?  Former or usual residence.	(Address)	in deaths d (2) whe	from VIOLENT ther ACCIDEN- NS, TRANSIENT MOS,

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative Bealthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman."

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Puerreral scotichae -faart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mails The contributory "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin; "Can-Examples:



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [If death occurred in St.;....Ward) Village or City.... a hospital or institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH \* was as follows min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAMI TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER of death ...... yrs. ..... mos. ..... ds. State ...... yrs. \_.... mos. ..... ds Where was disease contracted. It not at place of death? Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Filed.... REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithfuibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the prinary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

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STATE OF MARYLAND CERTIFICATE OF DEATH

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of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) onth) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at. 1 day, .... hrs. The CAUSE OF DEATH\* was as follows: OR ..... nin. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory 10 NAME OF ARENTS 11 BIRTHPLACE OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place It not at place of death Former or usuai residence 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Frankan St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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> mere symptoms or terminal conditions, such as "Asnant neopiasms); Measles; Whooping cough; Chronio oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ctc., when a defiuite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inauition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Accidental drowning; Struck by railway train-acci-"Contributory." The contributory is less defluite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on (secondary or intercurrent) ete. State eause for "Exhaustion," statement of For VIO-

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ... [if death occurred in St.;----Ward) a hospital or institution. give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. , 1912 WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from , 191..... to. that I last saw h..... \_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_ (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above at 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State Where was disease contracted. If not at place of death?. Former or usuai residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborerstatement. additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state oecupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestie service for wages, as who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has "Foreman,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County Wicomico	STATE OF MARYLAND CERTIFICATE QF DEATH Registration Dist, No. 333
VIHAGO OF CITY Slew Mod (No. Srap) 2 FULL NAME Robert B. Wich	a hospital or institution, give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED (Write the word) 6 DATE OF BIRTH  4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED (Write the word)  4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH  (Monch) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from 191, 191 .
Month) (Day (Year)  7 AGE  It LESS than 1 dayhrs. ORmin.?  8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at 5. P. m.  The CAUSE OF DEATH* was as follows:    Had no borter
10 NAME OF FATHER Robert H Dickerson  11 BIRTHPLACE OFFATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) (Suration) (Signed) (Signed) (Signed) (Signed) (Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address) Edan MI R WH 2	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos, ds. State yrs, mos, ds  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Stay 31, 1915. May Junes.	20 UNDERTAKER ADDRESS ADDRESS Salisburg Md Erar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 33/ It death occurred in St :----Ward) a hospital or Institution. give its NAME instead ot street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED. or Divorce of word) Month (Dav) HEREBY CERPIFY, That I attended deceased from 17 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 12 Mooks 1 day, .... hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE K OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT PARE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ...... yrs. ..... mas. ..... ds. State ..... yrs, \_\_\_\_ Where was disease contracted. 14THE ABOVE IS If not at place of death? Former or (Informant) usual residence. 19 PLACE OF BURIAL OR REMOVAL OF BURIAL (Address) 16 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry; and therefore an tion is very important, so that the relative leaitbfuiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

sucb, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Turrperal scottchaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Traemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "Are ample: Measles (disease causing death), 29 ds.: nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably -Hart failure," "Haemorrhage," "Inanition," "Maras Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis eer" is less definite; avoid use of "Tumor" for maligture of the American Medicai Association.) "Contributory." The contributory (secondary or intercurrent Aiways qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can State cause for Examples:



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nstructions on back of certificate.	

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT PLAINLY, WITH UNFADING INK-THIS IS A WRITE See important. 1 PLACE OF DEATH

County Maconuce

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3

[If death occurred in a hospital or institution, give its NAME lostead of street and nomber.]

Elmines W Drugger

-FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  May & 1915  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
7 AGE    Month   10	that I last saw how alive on May 25", 1915, and that death occurred on the date stated above, at 7 4 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Brennond (Duration) Q yrs @ most ds.
10 NAME OF Shortes Messelsek  11 BIRTHPLACE  11 BIRTHPLACE	Secondary Chithian's Gulow (Buration) (Signed)  (Signed)  (Address)  (Address)
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  12 MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on Recent Residents)  Af place in the of death yrs, mos. ds. State yrs, mos. ds  Where was disease contracted,
(Intermant) Place W Kryden	if not at place of death?  Former or usual residence
16 May 26", 1315 NP Turner	Arsons CETITUTARY May 27 1915.  20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regis	tran G.E. Franklin St. Palta Daguesting V. S. Na. 1

[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gaiufully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. been changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal material Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of mia," "l'uerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaenant neoplasms); Measles; Whooping cough; Chronic eause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 51915
BUREAU, V.S.

BINDING

FOR

RESERVED

MARGIN

PLACE OF BEATH	STATE OF MARYLAND	
County Wicourics	CERTIFICATE OF DEATH	
no più la	Registration Dist. No. 337	
Village or City Near Pettsrille(No. ,	St.; Ward)  [if death occurred in a hespital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH	
female White (Write the word)	(Month) (Day) (Year)	
G DATE OF BIRTH  JELLY (Month) (Day) (Year)	HEREBY CERTIFY, That I attended deceased from 1915, to 1915, that last saw here allye on 2015	
(Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  1 LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at A. m. The CAUSE OF DEATH * was as follows:	
8 OCCUPATION (a) Trade, profession, or particular kind of work.  Housewife	Tuberculous Lungs	
(b) General nature of industry business, or establishment in which employed (or employer)	(Burstlen) / yrs. mes. ds.	
9 BIRTHPLACE (State or oountry) Marlyland	Contributory	
10 NAME OF Joshua Holloway	(Signed) (Burellon) yrs mos de.	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Wary OF MOTHER	State the DISEASE CAUSING DRATE, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUIGIDAL or HOMICIDAL.	
of MOTHER Mary Farlow  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
(State or country)  Maryland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Ratliff Tharlow	At place in the at death	
(Address) Willards Wid	Fred Parker burial gr May 11, 1915	
Filed , 191 A. J. REGISTRAR	P. J. Watson Selyville Del	
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton only when needed. As examples: (a) Foreman, (b) Autoapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulthe duties of the household only (not paid Housekeepers mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physi-6 yrs.). For persons who have no occupation whatever state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of occupa-Coal mine, ctc. The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar meumonia, Bronchopneumonia ("Pneumonia," menin-

symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless important. cough; Chronic volvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of chopneumonia Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. birth or miscarriage etc., when a definite disease can be ascertained as the Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, (secondary), 10 ds. Never report mere The contributory (secondary or intercuras "Puenperal septichaemia," "Dropsy," State cause for which "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR -4 1916
BUREAU, V.S.

V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County L

PLACE OF DEATH	20611
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

[If death occurred in a hospital or institution, give its NAME lostead of streef and nomber.]

TOLE WAITE	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
JErnal Aro Anuneau (Write the word)	(Month) (Day (Year)  17   HEREBY CERTIFY, That I attended deceased from
7 AGE  (Month) (Day (Year)  7 AGE  11 LESS than f day,hrs. ORmln.?  8 OCCUPATION (a) Trade, profession, or particular kind of work  Continuous Conti	that I last saw had alive on May 18'' 1913 and that death occurred on the date stated above, at 17 m.  The GAUSE OF DEATH* was as follows:  Luberculasis Municipality
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Contracted Arou Justing
10 NAME OF FATHER GENTY BANS  11 BIRTHPLACE OF FATHER (State or Country)  12 MAIDEN NAME OF MOTHER A	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)  At place In the of death yrs. mos. ds. State yrs. mos. ds.  Where was disease confracted,
(Informant) Julia Lavis  (Address) Salisbury Md	to not af place of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Aug. 2-3 1915
Filed May 21, 1913 - May June.	20 UNDERTAKER ADDRESS  Solloway of Co Solisbury Mel trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second who have no occupation whatever, write Nonc. cated thus: causing dearn, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuicisis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclalnjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." scosis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Iuanition," "Marasgenltal," "Scuile," ctc.), "Dropsy," mere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. Never report affection need not be stated unless Important. valvular heart disease; Chronic interstitial nephritis, cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion,"



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#### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH egistration Dist. No [It death occurred in a hospital or institution. give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I 6 DATE OF BIRT Mouth (Day (Year) TAGE It LESS than t day, ......hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER acara 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted 14 THE ABOVE IS TRUE KNOWLEDGE If not at place of death? Former or usuai residence OF BURIAL OR REMOVAL DATE OF (Address) ... 15 loures 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. eated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers "Mauager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: Accidental, suicidal, or iiomicidal, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ete. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. Never report Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

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PLACE OF DEATH	STATE OF MARYLAND
411	CERTIFICATE OF DEATH
County Magniu a	WO CERTIFICATE OF DEATH
1 1	Registration Dist. No. 33
Village or City Saly King (No. Can	St./3 Ward) [If death occurred in a hospital or institution, give its NAME tostead
2 FULL NAME MENTE 2 0/00	stings of streef and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX  4 COLOR OR RACE  6 SINGLE,  MARRIED,  WIDOWED,  ORDIVORCED  (Write the word)	16 DATE OF DEATH May 7", 1916 (Monyh) (Day (Year)
	17   HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	Neary 7" 1915, to May 7" 1915.
(Month) (Day (Year)	that I last saw ha allve on many 7 1910
(Month) (Day (Year)  AGE   if LESS than	1 0 7
f day,hrs.	and that death occurred on the date stated above, at
	S
8 OCCUPATION	
(a) Trade, profession, or particular kind of work mason	<b>A O</b>
(b) General nature of industry,	Park The American
business, or establishmenf in which employed (or employer)	Chansles (Ouration) A lyrs mos. ds.
9 BIRTHPLACE (State or country)	Contributory
1100	Thisis Palmonales Think
10 NAME OF Daniel Dastings	(Signed) Sir M. A.
11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CARSING DEATH OF In deaths from Vicense
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  ACL	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
- Mar Morthson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs, mos ds. State yrs, mos ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) Lillie Hastings	If not at place of death?————————————————————————————————————
(Address) Salisbury Mel	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 May 8", 1915 N P Jumoz	Journal Semialory May 9+ 1915
REGISTRAR	Holloway & los Salisbrus Md
If more blanks are needed, address State Regist	

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. Never return "Laborer," who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as galnfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neeness of various pursuits ean be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., mia," "Puerreral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacetc., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomenclascpsis, totanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease eausing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopmeumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. I'lf death occurred la a hospital or Institution. give its NAME lostead of street and nombor. ] PERSONAL AND STATISTICAL PARTICULA MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH MARRIED. WIDOWED. (Month) (Write the word) (Day I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day hrs OR ..... min. ? BOCCUPATION (a) Trade, profession, or (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Secondary (Duration) 10 NAME OF (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths. from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) was disease contracted THE ABOVE IS JRUE TO THE BEST OF usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacnant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cangenital," is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



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	>	N. B.—Every item of -nformation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 2007
Village or City Hero Hope (No,	St; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White ORDINGED	18 DATE OF DEATH  (Month)  (Day)  (Year)
B DATE OF BIRTH  (Write the word)  (Month (Day) (Year)	that I last saw h.c. alive on 2000 3.1 1915.
7 AGE   It LESS than 1 0ay,hrs. ORmin. ?	and that death occurred on the date stated above, atAm, The GAUSE OF DEATH * was as follows:
BOCCUPATION  (a) Irade, protession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Tuberculoris of Lungs (Duration) yrs. 6 mos. as.
9 BIRTHPLACE (State or country) Maryland	Contributory (Secondary) (Duration) yrs. mos. ds.
10 NAME OF Semul B. Duncan	(Signed) Ca Holland, M.D.
OF FATHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Hartha of Britingha  13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant)	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Hillarch Hb D  18 Filed 5/3/, 1912 9 F January REGISTRAR	Descent Com James, 1915  20 UNDERTAKER  P + Watron Lellyville
If more blanks are needed, address State Registrar, 6 l	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the DISEABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage. as "Purrenal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accl-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," ctc. "Hart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 7 1915
BUREAU,V.S.

supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCGUPATION is very RECORD UNFADING INK-THIS IS carefully supplied. See instructions on back of certificate. of information should be carrier.

DEATH in plain terms, so that it PLAINLY, WITH CAUSE OF Important. S County Pine Bluff Ja MiconilCo



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 333

Village or City Halishing (No. Case) 2FULL NAME Frmiella C.	St.; J Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale While Street, Married ORDIVORCED (Write the Word)	16 DATE OF DEATH  Month (Day (Year)  17 / I HEREBY CERTIFY, That I attended deceased from
March 11', 1884  (Month) (Day (Year)	that I last saw her allve on may 14", 1915
7 AGE    if LESS than   t day,hrs.   OR   min. ?	and that desth occurred on the date stated above, at 1-30 %.m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) Deneral nature of industry, business, or establishment in General Mount Mich employed (or employer)	Exphanslin (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Germany  10 NAME OF FATHER Charles Hardman	Contributory Chilicis Pulmonalis 3 or 4 yrs (Boration)  (Signed)  Contributory (Boration)  (Signed)  Contributory (Boration)  (Signed)  Contributory (Boration)  (Signed)  Contributory (Boration)  Contributory  Chilicis (Boration)  Ch
11 BIRTHPLACE OF FATHER (State or country) Eastern Germany 12 MAIDEN NAME OF MOTHER HEIGHT Reiderberen	** Atate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Eastern Germany	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds
(Informant) fedro T. Papendicke  (Address). Allen Md Shy	Where was disease contracted, If not at place of death?  Former or usual residence of the state of Burial
Thomas 15 9, 1915 M Jurner REGISTRAR	20 UNBERTAKER ADDRESS ADDRESS MALL Solling May 1915

If more blanks are needed, address State Registrar, 6 E. Frankyn St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

N. B.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indl-Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant ncoplasms); Meastes; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Seulle," etc.), "Dropsy," "Exhaustion," thenia," "Anacmla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (secondary or intercurrent)



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Lif death occurred in a hospital or institution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Month) (Day I HEREBY CERTIFY, That I attended deceased from E OF BIRTH 1868 Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or (b) General nature of Industry. business, or establishment in (Duration which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME of into.
DEATH in pre-OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place In the \_\_\_\_ yrs. \_\_ \_ mos. State \_\_\_ . ds. \_ yrs. \_ .... mos. \_\_ Where was disease contracted, if not at place of death? Former or usual residence. DATE OF BURIAL 3 P.OM. PLACE OF BURIAL OR REMOVAL 16 ... 1915: 20 UNDERTAKER ADORESS ay Jumes REGISTRAR If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.



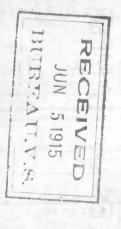
[Approved by U. S. Census and American Public Health Association.]

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th pinous PHYSICIANS shou statement EXACTLY. Exact stated classified. be should properly ACE supplied. pe may certificate. that it 80 0 be back terms, pinous 0 piain instructions information = EATH See 200 OF Item Every Item CAUSE OF Important.

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No.

vi

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred is a hospital or institution. give its NAME lestead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) bung (Month) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day TAGE it LESS than and that death occurred on the date stated above, at t day, hrs. OR. min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment In which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country Where was disease contracted. THE ABOVE IS TRUE OF It not at place of death; Former or usual residence away OR REMOVAL DATE OF BURIAL (Address) ..... 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

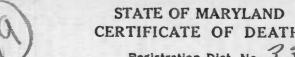
injury, as fracture of skuli, and eonsequences (e. g., mia," "Tuerperal peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic ecr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing "Senile," ete.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion,"

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RECEIVED
JUN 51915
BUREAU, V.S.

1 PLACE OF DEATH

69 1



County Vicomics (A	CERTIFICATE OF DEATH
County	Registration Dist. No. 333
Village or City Salisbury (No. 9	Salisburg Dist St.; Tward)  [If death occurred in a hospital or Institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	MEDICAL CERTIFICATE OF DEATH
Male While Single, Married, Wildows or On the Work of Write the word own	16 DATE OF DEATH Secritory (Youth) (Day (Year)  17 I HEREBY CERTIFY. That I attended decessed from
Capul 17, 1835 (Month) (Day (Year)	that I last saw h malive on Dung 26, 1915
7 AGE   If LESS than 1 day, hrs.   1 day, hrs.   9 ds.   9 R min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or Muchanic (b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) Tribungs 12 19
BEIRTHPLACE (State or country) Maryland	Contributory The Secondary Assilan
10 NAME OF FATHER James Sloyd  11 BIRTHPLACE OF FATHER (State or country) Maryland  12 Maiden NAME OF MOTHER OF MOTHER	(Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. States yrs, mos, ds  Where was disease contracted, If not at place of death?
(Address) Salisbury mf	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL & RM.  M. Churchysul Scentilla 5/28/15, 191  20 UNDERTAKER ADDRESS
THE LAND LAND TO THE THE PARTY OF THE PARTY	A d

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



## REVISED UNITED STATES STANDARD

[Approved by U. S. Census and American Public Health
Association.]

The price of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, cated thus: CAUSING DEATH, state occupation at heginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ctc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For Vio-

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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT statemen EXACTLY. classified. pe 0 shoul S properly Ш AGI INK supplied. may be UNFADING certificate. carefully that 20 of back terms, should of Inic.
DEATH in pic. plain WRITE 10 Important. Every It

PLACE OF DEATH STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RAGE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the E OF BIRTH (Month) (Day (Year) 7 AGE It LESS than t day hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or (b) General nature of Industry. business, or establishment in which employed (or employer) ... 9 BIRTHPLACE (State or country) Contributor 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE place In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_ \_ ds. Where was disease contracted. It not at place of death? usoal residence 15 20 UND

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

lit death occurred in a hospital or institution.

give its NAME instead of street and nomber.] MEDICAL CERTIFICATE OF DEATH (Day and that death occurred on the date stated above, at // The CAUSE OF DEATH\* was as follows: the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, State \_ PATE OF BURIAL 30 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Palto., Requesting V. S. No. 1.

02



[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen chauged or given up on account of the disease gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. (a) Spinner; (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synouym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for genital," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," thenia," "Anaemia" (merely symptomatie), "Atrophy," Bronchopneumonia (secoudary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendatious on statement of "Exhaustion," For VIO-



# N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH County / Description	, 7032	SYN	STATE OF M CERTIFICATE	OF DEATH
Village or City Secunt	(No	m -	Registration I	rd) [If death occurred a hospital or instituti give its NAME inste of street and number.
FULL NAME / LLC	holds /			******
PERSONAL AND STATISTICAL	PARTICULARS		MEDICAL GERTIFICATE	OF DEATH
201 1. OA /	INGLE,  ARRHED,  WIDOWED,  WEDIVORCED AND  Trite the word  (Day) (Y.	28 May	(Nights)  I HEREBY CERTIFY, That  1914, to	, , , , , , , , , , , , , , , , , , , ,
7 AGE 87 yrs. / mos.	If LES   1 day,   OR	hrs. The CAUSE OF	DEATH* was as follows:	
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in	R	/Rec	unal alle	entre 9 Massay
which employed (or employer)  BIRTHPLACE (State or country)	1, -0	Contributor (Secondary)		-
OF FATHER TOOK OF FATHER O	Moor	(Signed)	1913 (Address) Que	Jrs mos was an two MM
(State or country)	origto	TAL, SUICIDAL	OISEASE CAUSING DEATH, 0 (1) MEANS OF INJURY; 8 ,, or HOMICIDAL.  RESIDENCE (FOR HOSPITAL	nd (2) whether Acciden
13 BIRTHPLACE OF MOTHER (State or country)	F MY KNOWLEDGE	At place	In the	
(Informant)	D Mul	Former or usual residence  19 PLACE OF E		DATE OF BURIAL
(Address)	REGIST	20 UNDEBTAK	walling M	191 4 , 191





[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. duties of the household only (not paid Housekcepers mine, etc. "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nection is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman."

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonacum, etc.. Carcin

cause of death approved by Committee on Nomencla Accidental drowning; Shuck by railway train—accident; Revolver wound of head—homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purrental scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of "Hart failure," "Haemorrhage," "Inanition," "Maras. er" is less definite; avoid use of "Tumor" for malls The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of \_ (name origin; "Can-State cause for Examples: of

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RECEIVED
JUN 7 1915
BUREAU, V.S.

1 PLACE OF DEATH

Registration Dist. No. If death occorred in a hospital or institution. give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH (Day) (Month) CERTIFY, That I attended deceased from and that death occurred on the date stated above, at ..... (Ouralion) (Burallea). State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJULY: and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIPAL. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State. BURIAL DATE OF If more blanks are needed, slidgest State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when necded. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal minc, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Women at home, who are engaged in If retired from (b) Auto-

unqualified is indefinite); Tuberculosis of lungs, menin-Typhoid fover (never report "Typhoid pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroterm for the same discase. time and causation), CAUSING DEATH (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE pncumonia, Bronchopneumonia ("Pneumonia, using always the same accepted Examples: Cerebrospinal

> on statement of cause of death approved by Committee mus," "Old Age," "Shock," "Uracinia," "Weakness," on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated surgical operation was undertaken. For violent deaths "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. suicide. The nature of the injury, as fracture of skull head—homicide; Poisoned by carbolic acid—probably to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, "PUERPERAL perilonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Scnile," etc.), Example: Measles (disease causing death), 29 ds.; Bronnephritis, ctc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonneum, etc., Carcinoma, Sarcoma, etc., of ..... or miscarriage by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The contributory (secondary or intercuras "Puerperal septichaemia," "Dropsy," State cause for which Never report mere "Exhaustion,"

the certificate is permanently filed. ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-

RECEIVED JUN 7- 1915

state Very 65 should PHYSICIANS shou statement Exact classified. v properly supplied. pe may piai 2 DEAT 10 OF mportant. ш

PERMANENT 4 THIS NY UNFADING WRITE Every

certifical

RECORD

3 SEX 7 AGE 10 terms, n back ARENTS instructions See

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, (Month ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) If LESS than 1 day hrs. OR ..... min. ? .....20m... BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_ \_ ds. State \_\_\_ Where was disease contracted. If not at place of death? Former or usuai residence. PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER

REGISTRAR

δ'n

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

DATE OF BURIAL

ADDRESS

Ilf death occurred in

a hospital or institution. give its NAME Instead of street and number.]

## REVISED UNITED STATES STANDARD

[Approved by U. S. Census and American Public Health Association.]

CERTIFICATE OF DEATH

Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) 3Typhoid fever (never report "Typhoid brospinal meningitis"); Diphtheria (avoid use of term for the same disease. Examples: Cercbrospinal time and eausation), using always the same accepted causing dearn (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercufever (the only definite synonym is "Epidemie cere-Statement of cause of death-Name, first, the DISEASE

> ture of the American Medical Association.) cause of death approved by Committee on Nomenelainjury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of For VIO-



N.B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

Ounty Meromice  Village or City Salishay (No. 8)  2FULL NAME Callianine & Rig	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist, No. 333  [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Zemiale Mil-  Sex  4 COLOR OR RACE  5 SINGLE, MARRIED, JUNIUS  WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Near)  17   hereby Cerlify. That Lattended deceased from
TAGE Worth 7 Mos ds OR min?	that I last saw he alive on May 1915, to 1915, to 1915, that I last saw he alive on May 1915, and that desth occurred on the date stated above, at 7, m, The CAUSE OF DEATH* was as follows:
OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Exhausting (Buration) yrs mos ds.
OF FATHER (State or country)  10 NAME OF FATHER (State or country)  12 MAIDEN NAME (1)	(Signed)
of Mother Margard Beolsworth  13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Antiress) Salisbuy Md	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  PLACE OF BURIAL  1915  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Brito., Requesting V. S. No. 1.

V. S. No. 1.



#### 3

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, c. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease. It is ame accepted term for the same disease. Examples: Cercbrospinal fever (tite only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATIIS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichacmns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, ctc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of For Vio-



UNFADING INK-THIS IS A

PLAINLY, WITH

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of information should be DEATH in plain terms,

Item 6 Every Item CAUSE OF Important.

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See instructions on back of certificate.

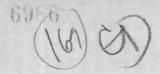
supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCGUPATION is very

RECORD

PERMANENT

1 PLACE OF DEATH

County



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

CA.	15711

[If death occurred in

FULL NAME, Scral Seld	give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I hereby Certify, That I attended deceased from
TAGE  Och 23 (Month) (Day (Year)  TAGE  OR Month  OR Min.?	that I last saw he alive on 28, 191 &
OCCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
(State or country) Maryland  10 NAME OF FATHER  OF FATHER  (State or country) Maryland  12 MAIDEN NAME  OF MOTHER  OF MOTHER	(Signed) (Duration) yrs (Signed) (Signed) (Address) (Address) (Signed) (Sig
13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
Filed May 29, 1915- L. J. Haller	Notekguin Me & Cemetry May 30, 1915

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopnoumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 11915
BURFAU, V.S.

RECORD

PERMANENT

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N. B.—Every litem of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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WRITE PLAINLY, WITH

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VIII NAME Geful It Shock	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist, No. 333.  Terro Sist St.; 8 Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE  A COLOROR RACE  SINGLE,  MARRIEO,  WIDOWED,  WIDOW	18 DATE OF DEATH  (Month)  (Day (Year)  17 I hEREBY CERTIFY, That I attended deceased from Meeting 1915, to 1915, to 1915, to 1915, and that I last saw har alive on 1915, and that death occurred on the date stated above, at 8 4 4 m.  The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory Defluers a mos ds.
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Angle Puron  (Address) Salishary Mel & AFF 4	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  JOSEPH AND LANGE

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

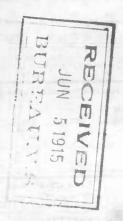


[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," it should be used only when needed. the nature of the business or industry, and therefore an eases, especially in industrial employments, it is necfication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*\*STyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerreral septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopucumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing (Recommendations on statement of death), 29 ds.; "Exhaustion," For VIO-



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county Wi Congres	(9)
Village or City alishury (No.	Bamdus
2 FULL NAME S TUS Bong	Smit
PERSONAL AND STATISTICAL PARTICULARS	
SEX COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE O
6 DATE OF BIRTH	17
	that I la
1 100 - 1	hrs. hrs. The CAU
8 OCCUPATION (a) Trade, profession, or  particular kind of work	
(b) General nature of industry business, or establishment in which employed (or employer)	***************************************
9 BIRTHPLACE (State or country) Qulestury	Contr
10 NAME OF OS Car Omuse	(Signed)
U 11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  13 MAIDEN NAME	May o
of MOTHER () asses Dus hugo	18 LENGTH
13 BIRTHPLACE OF MOTHER (State or country)	At place of death
(Informant)	Where was d  If not at pla  Former or  usual residen
(Address) Jahohury Ind	19 PLACE
15 May 27", 1915 M. Jurner	20 UNDER
V	

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

give its NAME instead of street and number.

CERTIFY, That I attended deceased from death occurred on the date stated above SE OF DEATH \* was as follows: tate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, INT RESIDENTS) In the State, ..... yrs. ..... Isease contracted,

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, ctc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid-Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton write None. engaged in domestic service for wages, as Servant, Cook, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marason Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL sephichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness, lapse," "Coma," "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... railway train-accident; Revolver The contributory (secondary or intercur-"Convulsions," "Debility" ("Con-State : eause for -which (Recommendations "Atrophy," wound of



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RECORD

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#### certificate. Jo back Instructiona

state Vary OCCUPATION IS PHYSICIANS statement classified. pe pinous properly supplied. be may that it 20 terms, pinous plain 5 of Inform DEATH OF Important. Every Ite

ACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.. Ilt death occurred is a hospital or institution. give its NAME instead ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH MARRIED, WIDOWED. ORDIVORCED (Write the word) (Day (Year) attended deceased from (Month) (Day (Year) TAGE If LESS than t day hrs. OR ..... mln. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which emplayed (or emplayer) .... Contributory Secondary (State or country) 10 NAME OF ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_ State \_\_\_\_ Where was disease contracted. If not at place of death?. Former or usual residence DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



#### man •

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

mine, etc. who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an eases, especially in industrial employments, it is necbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative healthful-Statement of occupation-Preelse statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

ralvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronie ture of the American Medical Association.) cause of death approved by Committee on Nomenclalnjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanitlon," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For vio-



of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

CAUSE OF Important. S

N

1	PLACE	OF	DEATH	



#### STATE OF MARYLAND CERTIFICATE

HIFICALE	Ur	DEATH	
Registration		20	6
Registration	Dist	No 017.	,

0 1	. AThu	P. G. Hos	factal
Village or City Sali	sbury	(No/3	Camden De

St.; 13Ward)

[If death occurred in a hospifal or institution, give its KAME instead of streef and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	male White Single, Married Willower, ORDIVORCED (Write the word)	16 DATE OF DEATH (Youth) (Day (Year)  172 I HEREBY GERTIFY, That I strended decessed from
	TE OF BIRTH  Wave No record, 1  (Month) (Day (Year)	that I last saw h & alive on May // 1915
ag	lbut 24 yrs mos ds. OR min.?	and that death occurred on the date stated above, at 7 m. The CAUSE OF DEATH's was as follows:
(a)	Trade, profession, or Housewife  General nature of Industry,	James Marine
busin	ness, or establishment in h employed (or employer)	Decontributory Julium and about Alle
	State or country) Maryland	Principal (Durotion) yrs mos d
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	(Signed) , 191 S (Address) , aliston, Death of the Disease Causing Death, or, in deaths from Violen
0.	12 MAIDEN NAME Ella adkins	CAUSES, State (1) MEANS OF INJURY; and (2) whether Accides TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Af place of death yrs. mos. 8 ds. State Ars. Combs. Combs. Where was disease contracted.
	nformant) Maurile Timmous	If not at place of death?  Former or  usual residence.  Jewal Cooling Co. Mid.
16	May 11 1915. Know Turner	Berlin, Md. DATE OF BURIAL  20 UNDERTAKER  ADDRESS
Lite	Spring REGISTRAR	The Hell Johnson Co. Lalishury, Mid



#### 3

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not dutles of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Civil engineer, Stationary fireman, etc. But In many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-kesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerreral septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shoek," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. cte., when a definite disease can be ascertained as the "Contributory." Is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PUREAU,V.S.

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

٧

6931 1 PLACE OF DEATH STATE OF MARYLAND county Wilomico CERTIFICATE OF DEATH Registration Dist. No

Hage or City Dales lung (No	Ollen St	St.; 5 Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  May (Month) (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased fro
DATE OF BIRTH	, 191, to
may /3 181	9
(Month) (Day (Year	The that I had any by all to an inches
If LESS 11	and that death occurred on the date stated above, at
76 we man 13 do 02 min	INGUAUSE OF DEATH'S Was as follows:
yrsds.   ORmin.	fod no Doctor
Trade profession or	Old Has
irticular kind of work of all any fung	
) General nature of Industry, siness, or establishment in	
nich employed (or employer)	(Duration) yrs mos.
IRTHPLACE (State or country)	Gontributory Office Secondary
(State or country) Mary Land	/manufacture 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1
10 NAME OF	(Duration) yrs mos
FATHER Minking	(Signed)
11 BIRTHPLACE	May 18, 1915 (Address) Sales Jan
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH OF In Goothy from Views
12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE
OF MOTHER MOTO VOLUMENT	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN
13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the
OF MOTHER (State or country) MANGELIANS	of death yrs mos ds. State yrs mos.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(1) delial 90 mars	If not at place of death?
(intermant) College of the College o	usuai residence.
(Address) Salishury All	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
	- Hauston Geneley Max 17, 191
Had Droy If 1916: Shay Turner	30
HORANDE TO 1910 , 1910 , Largy Marie REGISTRAR	1 the sales
	Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the The

Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

6992

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward) St .:----

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Juale White (Write the word)	16 DATE OF DEATH  Month)  (Day (Year)  17   I hereby Certify, That I attended deceased from
May 22  (Mooth) (Day	17 I hEREBY CERTIFY, That I attended deceased from 18.63. (Year) that I last saw h was allve on May 7 h, 191 J-
5-1 11 11 11	LESS than and that death occurred on the date stated above, at 7. 30 A m. The CAUSE OF DEATH* was as follows:
BOCCUPATION  (a) Trade, protession, or particular kind of work  (b) County of the control of the	Miteal Jusuf weeky of
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mas 4s.
9 BIRTHPLACE (State or country) Quaryland	Gontributory Secondary  (Duration) yrs mos ds.
10 NAME OF Jakon. Hasel	(Signed) R. E. Caevary, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 Maiden Name OF MOTHER  OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
a yand, yakel	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the of death yrs. mos. ds. State yrs, mos. ds. Where was disaase contracted,
(Informant) Issle M. Ward	Former or usual residence.
(Address) . A Savalal Incl	Bivalve M. Plemetry July 10, 1915
Filed May 8, 1915 J. Thal	STRAR C. G. Messich Briefe Med
If more blanks are needed, address S	tate Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman,"
"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "I'UERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. by carbolic acid-probably suicide. The nature of the Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of For Vio-



V. S. No. 1

RECORD



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Near	Lebron	(No			St.	Ward
	7. +-	(No	00.	meath	july	

[If death occurred in a hospital or Institution, give its NAME instead of street and number. ]

FULL NAME Pellis Marce	Ulls bufa belief
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale White Single, Single MARRIED, WIGOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH Way 10 ,191.5 (Month) (Day (Year)
6 DATE OF BIRTH  #	that I last saw h invalive on . May 8 , 1915.
7 AGE  43 yrs 3 mos ds.   If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at 10 a.m.  The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or Frame / particular kind of work.	arioc, tenosis
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Wears 7 Lebrowill	Secondary
10 NAME OF FATHER Peter DWeatherly 11 BIRTHPLACE OF FATHER (State or country) Wear Hebrons und	(Signed) H. C. Comano, M. B. Way 10, 1915 (Address) Hebron mol
12 MAIDEN NAME OF MOTHER HESTER CE Bounds	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Quantum Victor	At place In the of death yrs. mos. ds. State yrs. mos. ds.
(Informant) Lines B, Weatherly	If not at place of death?————————————————————————————————————
(Address) Near Hebrers	Mathery Farm Thay 12 1913
Filed May 11, 191 15 N.S. Thellips	The Hill and Johnson Co Salishur
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balty, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

minc, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the ness of various pursuits can be known. The question Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) allyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., scpsis, tctanus) may be stated under the head of ture of the American Medical Association.) cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report "Contributory." which surgical operation was undertaken. Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-



RECORD PERMANENT AG supplied. ŏ back plai of Info OF Important. CAUSE

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 33/ [It death occurred in St: Ward) a hospital or institution. give its NAME instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 B DATE OF BIRTH (Month) (Day) TAGE It LESS than and that death occurred on the date stated above, at 1 day. ... hrs. OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF BIRTHPLACE ENT OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 04 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At place In the OF MOTHER of death ..... yrs. .... mos. State Where was disease contracted. It not at place of death? Former or usual residence DATE OF BURIAL 15. Filed. REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the husiness or industy; and therefore an applies to each and every person, irrespective of age ness of various pursuits can he known. The question tion is very important, so that the relative lealthfulmine, etc. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman, Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lodar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciacause. Always qualify all diseases resulting from ture of the American Medical Association.) "Contributory." schsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage as "Purrement scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.:
Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... dent; Revolver wound of head-homicide; Polsoned mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent is less definite; avoid use of "Tumor" for mails "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," 'l'raemia," "Weakness," (name origin; "Can State cause for Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

V. S. No. 1.

Village or City Salishury (No. Pens	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3.3.3  [it death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
General action or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  State or country)  Color or race   Single, Married, Widowec, Widowech (Write the word)  (Month) (Day (Year)  (Month) (Day (Year)  (Year)  (Month) (Day (Year)  (Year)  (Month) (Day (Year)  (Year)  (A) I day, hrs. OR min.?	I hEREBY CERTIFY, That I attended deceased from  I high light of the property of the contributory of the c
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  15  EMPLOY  (181 b Mary 1000)  15  EMPLOY  (181 b Mary 1000)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State residence of death yrs. mos. ds. State residence resi
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, Or . HOMICIDAL, . Or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify aif diseases resulting from Measles (disease causing death), 29 ds.; "Sentle," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



V. S. No. 1.

- 1	1 PLACE OF DEATH	STATE OF MARY	LAND
	Mismusson	CERTIFICATE OF	DEATH
G	ounty // Comme	Registration Dist.	No.333
Vi	liage or City Salisbury (No. 12	rsom stist st & Ward	[If death occurred in
* 1	(No	St.; Ward)	a hospital or Institution, give its NAME instead
	of 1 y Oh		of street and nomber.]
	FULL NAME DUNAMEL Sur 4/11	(lanco	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 5	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH MAY 31	15/
1	Male White the word)	(Month)	(Day (Year)
4		17 I HEREBY GERTIFY, That I a	itended deceased from
0 6	PATE OF BIRTH	May 30 -, 1915, to Me	4 3 /3, 1918.
	(Month) (Day (Year)	that I last saw he sing allye on May	3/5/ 1915
7 A	GE If LESS than	and that death occurred on the date stated at	934
	0 9 1 day,hrs.	The CAUSE OF DEATH* was as follows:	ove, at
-	yrs O mos Q ds. OR min.?		
	DECUPATION  1) Trade, protession, or	Culmonary Manna	and
p	articular kind of work	Malinia	man Mariana
	) General nature of Industry, siness, or establishment in		12/
	nich amployed (or amployer)	(Duration)	yrs. mos ds.
9 8	(State or country)	Contributory Augs and	appunes
_	Salsours MA,	Dust o Gotation	yrs mos ds
	10 NAME OF FATHER PARTY 100 '	(Signed)/ John pldesdie	21001
10	Samuel Williams	11/2/1/ 1/10	The second of the second
Ë	11 BIRTHPLACE OF FATHER	Address Alls	
ARENTS	(State or country) / Maryland	ASTATE THE DISEASE CAUSING DEATH, OF A CAUSES, State (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	(2) whether ACCIDEN-
Ac	12 MAIDEN NAME OF MOTHER  OF MOTH		
	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS)	STITUTIONA, TRANSIENTA,
	OF MOTHER (State or country)	At place lo the ot death yrs mos ds. State	yrs, ds
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	- /100 manage 111000 manage 80
	man a da Tira da	It not at place of death?	
	(Informant) Thus - day J. ) rather	usual residence	
	(Address) Salisbury manyland	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	1 110	Persons Cem Salisbury Mrs	1 Inne 2 1915
E	(alay 31 1915 V/ Lury	77/70	DERESS
-/	REGISTRAR	The Hell on Johnson for	Salister
	If more blanks are needed address State Posint	non C W Promble CO Date	and with the

6996



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutles of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopnoumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

V. S. No. 1.

Village or City Falishury (No. Far.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 333  [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, Lingle WIDOWED, ORDIVERCED (Write the word)  6 DATE OF BIRTH  May 29	16 DATE OF DEATH May (Year)  17 I hereby Certify, That I attended deceased from May 29, 1915, to May 29, 1915.
7 AGE (Month) (Day (Year)  1 (LESS than 1 day, 5 hrs. OR min, ?	and that death occurred on the date stated above, at 400 m.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Manyland	Contributory Maleuel Ealaufui
10 NAME OF RATHER ROYMAN Dilliams  11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME Mary Q. Colson  13 BIRTHPLACE OF MOTHER (State or country) Maryland	(Signed)
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15  Filed May 29, 1915. May Vinner,	of deathyrsmosds. Stateyrsmosds Where was disease contracted, If not at place of death? Former or usual residence

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin Sc., Bulto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers mine, etc. statement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," engineer,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonacum, etc., Carcin-

injury, as fracture of skull, and consequences (c. g., scpsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Attachy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association. cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. genital," "Scnilc," etc.), "Dropsy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. "Contributory." dent; Revolver wound of head-homicide; Poisoned "Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Exhaustion," For VIO-



N. B.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is yery important. See instructions on back of certificate.

County Describe	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 3307
Village or City Ear Meranola Start S	St.; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
JEMALE White (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)
ODATE OF BIRTH  Abril 3, 1914  (Wonth) (Day (Year)	that I last aaw here alive on May 5, 1915.
7 AGE   If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 3 m, The CAUSE OF DEATH* was as follows:
© OCCUPATION  (a) Irade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which empiayed (or employer)  **BIRTHPLACE** (State or country)  (State or country)	Broncho francomia  (Buration) yrs. mos. 5 is.  Contributory Secondary  Cough
10 NAME OF FATHER William M. Maght  11 BIRTHPLACE OF FATHER (State or country) Willowiew Co  12 MAIDEN NAME OF MOTHER OF MOTHER Selia J. Justice	(Signed) yrs mos des.  (Signed) Yrs mos des.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	OR RECENT REAIDENTS) At place in the ut death yrs, mos, ds. Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Mardela (Spage)  16  Filed , 191  REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  ADDRESS  T. A. Francisco Be Anglown Md.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

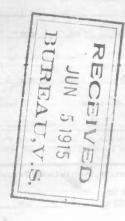


[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement Never return "Laborer," "Forcinan," it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid demonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuters of lungs, meninges, peritonaeum, etc., Carcine

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) which surgical operation was undertaken. For vioaffection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of death), 29 ds.;



V. S. No. 1.

#### A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-Every item of information should be CAUSE OF DEATH in plain terms, s

Village or City Lear Markela  2FULL NAME LEVINE 6	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 330  [It death occurred is a hospital or institution, give its MAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR, RACE 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  Mary  (Month)  (Ifay  (Year)  17  1 hereby Certify, That I attended deceased from
6 DATE OF BIRTH  JEL 2, 1851  (Month) (Day (Year)	Muy 10-2 1915 to May 27 1915 that I last saw him allve on May 26 1915
TAGE  It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 12, 40 Pm.  The CAUSE OF DEATH * was as follows:  Bulbar Purely Rig
particular kind of work.  (b) General nature of Industry, business, or establishment in which omployed (or employer)	Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  OF FATHER (State or country)	(Signed) (Duration) yrs mos os.  (Signed) (Selsouf) M. D.  May 2 7, 1912 (Address) Mardela Junys Mid  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER Clesateth Dradley  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE AS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTA)  At place In the of death yrs, mos ds  Where was disease contracted, If not at place of death?
(Interment) Laure O. Mright  (Addross) Marbeld mil	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  MAY 99, May 99, 1915  29 UNDERTAKER  ADDRESS
Filed , 191 BEGISTRAR	Whaterer Van Shift

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when necded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term ou the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the misease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

uant neoplasms); Measles; Whooping cough; Chronia ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaccause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of "Exhaustion," For VIO-

